

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101538578

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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24						
25		2		2		
26		2		2		
27		2		2		
28		4		4		
29		4		4		
30		4		4		
31	1			2		
32		2		2		
33						
34				1		
35				2		
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47						
48						
49						
50						
TOTAL IND.	4		3			
TOTAL DEP.	43		46			
TOTAL CLAIMS	47		49			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						